## 144<sup>TH</sup> ARMY BAND REQUEST FORM ILLINOIS ARMY NATIONAL GUARD

Please forward all requests to: Public Affairs Office

ATTN: Community Relations Manager

1301 N. MacArthur

Springfield, IL 62702-2399

Email: ngilstaffpao@ng.army.mil

Office: (217) 761-3569 Fax: (217) 761-3527

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Name of Requestor:	Date of Request:			
Representing:	Telephone No:			
Address:				
Point of Contact (if other than requestor):				
Telephone No. (if different from requestor):	Cell Phone No:			
Email Address:				
Performance Information:				
Event Name:	Day and Date:			
Event Times:to	Setup or Assembly Time	e:		
Location:	City:	State:		
(Street address or other specific assembly area)				
Purpose of Performance:				
Check Requested Ensemble(s):				
Concert Band Marching/Ceremonial Band (full band – seated) (full band – standing or marching)	☐ Jazz Big Band (approx. 15-20 musici	ans)		
☐ Jazz Combo ☐ Dixie Band (approx. 4-7 musicians) (approx. 4-7 musicians)	Brass Quintet (4 musicians)			
Woodwind Quintet Other:(4 musicians)				
Check All That Apply:				
Event is recorded or broadcasted (TV, radio, etc.)				
☐ Meals are provided. ☐ Other ensembles (bands, cho	oirs, etc.) are performing.			
Estimated audience size (please give total of live and broadcast audi	ence):	<u></u>		
If you have any comments or request please include an additional sh	eet with that information wi	th this Request For		

If you have any comments or request please include an additional sheet with that information with this Request Form. At the top of that sheet write or type "144<sup>th</sup> Army Band Request for" followed by the *name* and *date* of the event.

Is there an attached sheet with additional information? Y / N